

**ARIZONA DEPARTMENT OF PUBLIC SAFETY****SECURITY GUARD / PRIVATE INVESTIGATOR
REGISTRATION APPLICATION**Arizona Department of Public Safety
P. O. Box 6328 • Phoenix, AZ 85005-6328

DATE RECEIVED

INSTRUCTIONS:

1. Complete the application **BEFORE** mailing to the Arizona Department of Public Safety.
2. PRINT or TYPE ALL INFORMATION requested.
3. Fill in all spaces. Print "DNA" for "does not apply" in those areas which you have no information to provide. Do not omit any information.
4. Mail this application, fingerprint card, appropriate training form(s), photographs, and fees to the Arizona Department of Public Safety. (see address above).
5. Application must be signed. Unsigned applications will be returned.
6. See fee schedule for current fees. All employers have fee schedules.

**APPLICATION FOR (Select one from appropriate column)
SECURITY GUARD**

- ☐ Initial unarmed application
☐ Renewal unarmed application *(see below)
☐ Initial armed application **(see below)
☐ Renewal armed application
☐ Upgrade to armed application
☐ Duplicate armed application
☐ Associate application initial / renewal

PRIVATE INVESTIGATOR

- ☐ Initial employee application
☐ Renewal employee application
☐ Associate application initial / renewal

NOTE: Associate is defined as partner, corporate officer / director or LLC member / manager.* **Part A NOT required.** (Renewal Only!)****Armed applicants with military experience MUST attach a copy of DD214.****A EMPLOYER / LICENSEE TO COMPLETE THIS SECTION**

AGENCY NAME			AGENCY LICENSE NUMBER			EXPIRATION DATE		
BUSINESS STREET ADDRESS:			SUITE:	CITY	STATE	ZIP CODE	BUSINESS PHONE NUMBER ()	
<i>By signing below, I certify that I intend to employ the applicant named below, after his / her application has been processed and approved by the Arizona Department of Public Safety.</i>								FOR DPS USE ONLY <input type="checkbox"/> Agency Active <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Insurance
Printed Name				Title				
X Authorizing signature				Date				

B EMPLOYEE / APPLICANT TO COMPLETE THIS SECTION

LAST NAME			FIRST NAME			MIDDLE NAME		
LIST OTHER NAME(S) YOU HAVE USED						SOCIAL SECURITY NO.		
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE (MM / DD / YY)	STATE / COUNTRY OF BIRTH		HOME PHONE NUMBER ()		BUSINESS PHONE NUMBER ()		
HOME STREET ADDRESS			APT. NO.	CITY		STATE	ZIP CODE	
MAILING ADDRESS (STREET OR P.O. BOX)			APT. NO.	CITY		STATE	ZIP CODE	
PHYSICAL DESCRIPTION	HEIGHT FT. IN.	WEIGHT LBS.	EYE COLOR			HAIR COLOR		

YOU MUST SIGN THIS APPLICATION! UNSIGNED APPLICATIONS WILL BE RETURNED!

I certify that all of the information and statements on this form are true and correct. I understand that I may be charged with a criminal offense for making false statements or omitting information on this application.

X
Applicant's signature

_____ Date

FOR DPS USE ONLY

DATE ISSUED	EXPIRATION DATE	SECURITY LICENSE NO.	DPS BADGE NO.
DATE	REMARKS		